



Bib Data Sheet


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APPLICANTS
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******
IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWEDEN	11	27	4
Verified and Acknowledged	Examiner's Signature <i>M. tor H. L. 14/03/00</i>	Initials <i>MM</i>			

ADDRESS

20995

TITLE

Use personal communication devices for userauthentication

FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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